

PERSONNEL

Awards

General information

Assigning Case Numbers

The full 11-digit Award Case Number consists of the following:

Positions 1-4, Agency Code = 03 36

Position 5, Fiscal Year Award Effective = 01 (= 2001)

Position 6, "I" for Individual Award or "G" for Group Award

Position 7-11, Sequential Case Number from the list assigned by Deb Agee

Who is Approving Official?

Area Director must approve Employee Suggestion, Extra Effort Award, Performance Bonus Award, Spot Awards, and Quality Step Increase. Time Off Awards up to 10 hours may be approved by Research Leaders, Center Directors, and Location Administrative Officer AS LONG AS THE RECOMMENDING INDIVIDUAL AND APPROVING OFFICIAL ARE DIFFERENT PEOPLE.

CHECK WITH YOUR LOCATION ADMINISTRATIVE OFFICER (LAO) FOR PROCESSING COMPLETED AWARD FORMS.

Key to Award Amounts

1. Extra Effort Award

Apply the Contribution in Block 11 of the AD-287-2 Award form to the Scale on page 12 of the Guide for Employee Recognition, and itemized in Block 15, and the result is the Award Amount in Block 14.

However, if the Contribution in Block 11 can be measured in terms of time saved, money saved, or expenditures avoided, use the Scale on page 11 of the Guide to determine the Award Amount in Block 14. The contribution (and justification, if necessary) must support the applicable Benefits Scale and the Award Amount.

2. Spot Award

Apply the Contribution in Block 11 of the Award Form to the Scale on page 12 of the Guide (and itemized in Block 15), and the result is the Award Amount in Block 14. The Contribution must support the Benefits Scale and Award Amount.

3. Time-Off Award

Apply the Contribution in Block 11 of the Award Form to the Scale on Page 10 of the Guide (and itemized in Block 15), and the result is the Award Amount in Block 14. The Contribution (and justification, if necessary) must support the Time-Off Scale and number of Time-Off Hours.

4. Performance Bonus Award

Apply the Contribution in Block 11 of the Award Form to the Scale on page 12 of the Guide, and the result is the Award Amount in Block 19. The Contribution (and justification, if necessary) must support the Benefits Scale and Award Amount.

Justification Statements

Justification Statements are required in addition to completing Block 11 of the Award form:

1. For any monetary award amount
2. If giving over 10 Time-Off hours
3. A separate Performance Appraisal narrative explaining how the employee met the Elements can also be used as the Justification Statement.
4. Appendix C of the Guide for Employee Recognition provides a justification outline that may be helpful.

Award Limitations

1. Spot Award--Range from \$50 to \$500. No employee may receive a spot award for more than \$500 per award but there is no limit on the number of awards received per year.
2. Time-Off Award--Employee may be granted a maximum of 40 hours of time off for a SINGLE contribution. Employee may be granted a TOTAL of 80 hours of time off during a LEAVE YEAR. The leave must be used within 1 year after the effective date of the award. Award is effective on the first pay period following approval. After the 1-year period, any unused time off is forfeited.
3. Performance Bonus Award--Employee must receive a Performance Appraisal Summary of Fully Successful or higher. Award amount cannot exceed 10% of an employee's annual salary. Employee can receive only one Performance Bonus Award per Performance Appraisal Cycle.
4. Quality Step Increase--Employee must receive Outstanding Performance Appraisal Summary Rating. An employee is not eligible for a QSI if appointed or promoted within the past year. A minimum of 52 weeks must elapse between QSIs.

Helpful References:

- USDA Guide for Employee Recognition
- Directive 418.3, ARS Performance Management and Recognition System

Performance Evaluation Process Summary Spring Cycle

1. The electronic AD-435P can be downloaded from www.afm.ars.usda.gov/divisions/hrd/hrdhomepage/wpforms.htm
2. Employees are to prepare documentation (limit of three pages, 12 pt, Times New Roman font, 1 inch margins) of last year's accomplishments. List the element with "bullet" statements to document accomplishments.
3. Supervisors are to "annotate" the document that the employees prepared to indicate their evaluation of the accomplishments, either within the document or as a separate page. The Supervisor's documentation should not exceed one page for a total of four pages.
4. The Supervisor will complete the draft electronic AD-435P using the documentation in step 3 in support of the proposed rating.
5. The Supervisor will submit the electronic AD-435P and the written documentation by e-mail to Lisa Gettinger (lgettinger@mwa.ars.usda.gov) **by date set by Area.**
6. Employees that report directly to the Area Director are to complete the document identified in step two above and submit by e-mail to lgettinger@mwa.ars.usda.gov **by date set by Area.**
7. The Area Director as the Reviewing/Rating Official will review the material provided and after consultation with the supervisor, if necessary, sign and date the AD-435P and e-mail the Supervisor concurrence **date set by Area.**
8. The Supervisor will complete the evaluation process in discussions with the employees.
9. The Supervisor will return the following **to the LAO**: Completed and signed (hardcopy) AD-435P with justification or performance accomplishments for outstanding rating, copy of Performance Standards, Award Forms with justification, and a copy of the new Performance Standards signed by the employee and supervisor. (Please follow the detailed instructions in MWA Awards Policy for submission of award documentation.)
10. The LAO will consolidate the material and forward to Deb Agee in the Area Office by **date set by Area.**
11. The Area Director will sign the AD-435P using the date the draft was signed. The Award Forms and the new Performance Standards will be signed with the current date.
12. The Area Office will forward the AD-435P and Award Forms to HRD for processing and return the signed Performance Standards to the LAO's.
13. All new Performance Standards must be signed by Employee, Rater, and Reviewer by **date set by Area** in order to be considered in place for the full appraisal cycle.

Value of Benefit	Application	Application	Application
	Limited: Impacts the public interest, or a specific small work (MU) unit to as large as a division or region (MWA)	Broad: Impacts the public interest, or several regional areas or an entire agency	General: Impacts the public interest or more than one agency (ARS) or the entire Department
Small/Moderate	\$50-\$325	\$325-\$650	\$650-\$1300
Moderate or Substantial	\$325-\$650	\$650-\$1300	\$1300-\$3150
Substantial or Extended	\$1000-\$2500	\$2500-\$5500	\$5500-\$10,000

Awards must have a copy of the AD-435 and supporting documentation, i.e., specifics of what was accomplished for monetary awards in excess. (See page 14, paragraph 1) A justification must accompany any rating of Outstanding.

Source: USDA Guide for Employee Recognition (Blue Book)

U.S. DEPARTMENT OF AGRICULTURE

RECOMMENDATION & APPROVAL OF AWARDS

CASE NO. (Personnel Use Only)

03360111234

NOTE: For group awards, attach list of group members. Show data in Items 2 - 9, and award amount for each payee.

1. AGENCY USDA-ARS	2. NAME OF EMPLOYEE (Last, first, middle initial) Doe, John B.	
3. SOCIAL SECURITY NO. 123-45-6789	4. POSITION TITLE PHYS SCI TECHNCN	5. PAY PLAN-SERIES/GRADE/STEP GS-1311/08/02
6. ORGANIZATION AND LOCATION USDA-ARS-MWA, Morris, MN	7. PERIOD COVERED FOR AWARD (mm, dd, yy) From: 3/3/2003 To: 4/9/2003	8. ACCOUNTING CODE 3013645176
9. IF AWARD APPROVED, MAIL CHECK TO: <input checked="" type="checkbox"/> SALARY CHECK ADDRESS <input type="checkbox"/> OTHER (Specify address): →		

10. LIST AWARDS OR QSI'S IN THE PAST 52 WEEKS (Specify type of award, amount received, and effective date.)

QSI 05/03/02

11. CITATION: SUMMARIZE EMPLOYEE'S CONTRIBUTION IN 25 WORDS OR LESS. (This language will appear on the employee's certificate.)
EMPLOYEE IS BEING RECOGNIZED FOR:

Modifying the Thing-A-Ma-Jig Equipment to Increase Productivity in the Such-and-Such Laboratory by 150%.

COMPLETE THE APPROPRIATE AWARD SECTION

EXTRA EFFORT AWARD	12. TYPE OF RECOGNITION RECOMMENDED (check one)			
	<input type="checkbox"/> EMPLOYEE SUGGESTION OR INVENTION *	<input type="checkbox"/> EXTRA EFFORT AWARD *	<input checked="" type="checkbox"/> SPOT AWARD	<input type="checkbox"/> TIME OFF AWARD **
	<input type="checkbox"/> KEEPSAKE AWARD	<input type="checkbox"/> GAINSHARING AWARD		
	* Attach a description of the contribution or patent notification being recognized and the resulting benefits to the Government. ** Attach a description if the contribution exceeds the moderate benefits.			
PERFORMANCE BONUS AWARD	13. NO. OF PERSONS 1	14. TOTAL AWARD (Give dollar amount / hours, or value of item) \$500.00	15. TOTAL DOLLAR AMOUNT/HOURS BASED ON: (Check approp. box) → <input checked="" type="checkbox"/> NONMEASURABLE BENEFITS SCALE	ESTIMATED FIRST YEAR SAVINGS \$ Substantial
	16. TYPE OF RECOGNITION RECOMMENDED (check one)			
	<input type="checkbox"/> PERFORMANCE BONUS AWARD * <input type="checkbox"/> QUALITY STEP INCREASE * Certification: I certify, by my signature in the Recommendation & Approval section below, that the employee's position description and the performance standards for the positions were thoroughly reviewed prior to submission of this recommendation; that the employee's performance is outstanding; and that the performance is characteristic and is expected to continue in the future.			
	* Attach a copy of employee's latest performance rating of record. Also, attach a justification statement, if required.			
17. DATE OF LAST PROMOTION (Get these dates from LAO if needed)		18. DATE OF LAST WITHIN GRADE INCREASE	19. AMOUNT RECOMMENDED FOR PERFORMANCE BONUS AWARD \$	

RECOMMENDATION AND APPROVAL

20. RECOMMENDING INDIVIDUAL (Signature) TITLE: Soil Scientist	DATE 4/11/2003	21. REVIEWING OFFICIAL (Signature) TITLE: Research Leader	DATE 4/11/2003
22. APPROVING OFFICIAL (Signature & Title) Center Director		DATE 4/11/2003	

PERSONNEL USE ONLY

23. AGENCY CODE/POI	24. DATE EFFECTIVE	QUALITY STEP INCREASE: →	25. TO: (Grade & Step)	26. NEW SALARY	27. RATE	28. PAY RATE DETERMINANT CODE
29. PERSONNEL OFFICIAL (Signature & Title)			DATE PROCESSED			

I certify that the proposed action is in compliance with statutory and regulatory requirements

*U.S. GPO: 1977-516-741/85276

This form was electronically produced by Elite and modified by USDA/ARS/ITD using inForms software.

Form AD-287-2 (7/94)

U.S. DEPARTMENT OF AGRICULTURE

RECOMMENDATION & APPROVAL OF AWARDS

CASE NO. (Personnel Use Only)

03360111234

NOTE: For group awards, attach list of group members. Show data in Items 2 - 9, and award amount for each payee.

1. AGENCY DA-ARS SIAL SECURITY NO. 123-45-6789		2. NAME OF EMPLOYEE (Last, first, middle initial) Doe, Jane L.		5. PAY PLAN-SERIES/GRADE/STEP GS-0326/04/03	
6. ORGANIZATION AND LOCATION USDA-ARS-MWA, Morris, MN		4. POSITION TITLE Office Automation Clerk		8. ACCOUNTING CODE 2013645176	
7. PERIOD COVERED FOR AWARD (mm, dd, yy) From: 9/10/2002 To: 9/15/2003		3. (ADDRESS)			
9. IF AWARD APPROVED, MAIL CHECK TO: <input type="checkbox"/> SALARY CHECK ADDRESS <input type="checkbox"/> OTHER (Specify address): →					

10. LIST AWARDS OR QSI'S IN THE PAST 52 WEEKS (Specify type of award, amount received, and effective date.)

Performance Award \$850.00, 06/14/2002

11. CITATION: SUMMARIZE EMPLOYEE'S CONTRIBUTION IN 25 WORDS OR LESS. (This language will appear on the employee's certificate.)

EMPLOYEE IS BEING RECOGNIZED FOR:

Reorganizing the Library and Cataloging the Books into a Computer System

COMPLETE THE APPROPRIATE AWARD SECTION

E PORT AWARD	12. TYPE OF RECOGNITION RECOMMENDED (check one)					
	<input type="checkbox"/> EMPLOYEE SUGGESTION OR INVENTION * <input type="checkbox"/> EXTRA EFFORT AWARD * <input type="checkbox"/> SPOT AWARD <input checked="" type="checkbox"/> TIME OFF AWARD ** <input type="checkbox"/> OTHER * <input type="checkbox"/> KEEPSAKE AWARD <input type="checkbox"/> GAINSHARING AWARD * Attach a description of the contribution or patent notification being recognized and the resulting benefits to the Government. ** Attach a description if the contribution exceeds the moderate benefits.					
E ESTIMATED FIRST YEAR SAVINGS	13. NO. OF PERSONS 1	14. TOTAL AWARD (Give dollar amount / hours, or value of item) 10 hours	15. TOTAL DOLLAR AMOUNT/HOURS BASED ON: (Check approp. box) → <input type="checkbox"/> MEASURABLE BENEFITS SCALE <input checked="" type="checkbox"/> NONMEASURABLE BENEFITS SCALE	ESTIMATED FIRST YEAR SAVINGS \$ Small Moderate		
	16. TYPE OF RECOGNITION RECOMMENDED (check one) <input type="checkbox"/> PERFORMANCE BONUS AWARD * <input type="checkbox"/> QUALITY STEP INCREASE * Certification: I certify, by my signature in the Recommendation & Approval section below, that the employee's position description and the performance standards for the positions were thoroughly reviewed prior to submission of this recommendation; that the employee's performance is outstanding; and that the performance is characteristic and is expected to continue in the future. * Attach a copy of employee's latest performance rating of record. Also, attach a justification statement, if required.					
P PERFORMANCE BONUS AWARD	17. DATE OF LAST PROMOTION (Get these dates from LAO if needed)		18. DATE OF LAST WITHIN GRADE INCREASE		19. AMOUNT RECOMMENDED FOR PERFORMANCE BONUS AWARD \$	

RECOMMENDATION AND APPROVAL

20. RECOMMENDING INDIVIDUAL (Signature) TITLE: Secretary OA	DATE 9/20/2002	21. REVIEWING OFFICIAL (Signature) TITLE: Research Leader	DATE 9/20/2002
22. APPROVING OFFICIAL (Signature & Title) Center Director			DATE 9/20/2002

PERSONNEL USE ONLY

23. AGENCY CODE/POI	24. DATE EFFECTIVE	25. TO: (Grade & Step)	26. NEW SALARY	27. RATE	28. PAY RATE DETERMINANT CODE
29. PERSONNEL OFFICIAL (Signature & Title)		DATE PROCESSED			

I certify that the proposed action is in compliance with statutory and regulatory requirements

U.S. GPO: 1977-516-741/85276

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U.S. DEPARTMENT OF AGRICULTURE
RECOMMENDATION & APPROVAL OF AWARDS

CASE NO. (Personnel Use Only)

03360111234

NOTE: For group awards, attach list of group members. Show data in Items 2 - 9, and award amount for each payee.

1. AGENCY USDA-ARS	2. NAME OF EMPLOYEE (Last, first, middle initial) Doe, Jane L.	5. PAY PLAN-SERIES/GRADE/STEP GS-0326/04/03
3. SOCIAL SECURITY NO. 123-45-6789	4. POSITION TITLE Office Automation Clerk	8. ACCOUNTING CODE 3013645176
6. ORGANIZATION AND LOCATION USDA-ARS-MWA, Morris, MN	7. PERIOD COVERED FOR AWARD (mm, dd, yy) From: 04/02/2002 To: 03/31/2003	
9. IF AWARD APPROVED, MAIL CHECK TO: <input checked="" type="checkbox"/> SALARY CHECK ADDRESS <input type="checkbox"/> OTHER (Specify address): →		

10. LIST AWARDS OR QSI'S IN THE PAST 52 WEEKS (Specify type of award, amount received, and effective date.)

Performance Award \$850.00, 04/01/00

11. CITATION: SUMMARIZE EMPLOYEE'S CONTRIBUTION IN 25 WORDS OR LESS. (This language will appear on the employee's certificate.)

EMPLOYEE IS BEING RECOGNIZED FOR:

For outstanding service to the North Central Soil Conservation Research Laboratory

COMPLETE THE APPROPRIATE AWARD SECTION

EXTRA EFFORT AWARD	12. TYPE OF RECOGNITION RECOMMENDED (check one)			
	<input type="checkbox"/> EMPLOYEE SUGGESTION OR INVENTION *	<input type="checkbox"/> EXTRA EFFORT AWARD *	<input type="checkbox"/> SPOT AWARD	<input type="checkbox"/> TIME OFF AWARD **
	<input type="checkbox"/> KEEPSAKE AWARD	<input type="checkbox"/> GAINSHARING AWARD		
	* Attach a description of the contribution or patent notification being recognized and the resulting benefits to the Government. ** Attach a description if the contribution exceeds the moderate benefits.			
	13. NO. OF PERSONS 1	14. TOTAL AWARD (Give dollar amount / hours, or value of item) \$1,000	15. TOTAL DOLLAR AMOUNT/HOURS BASED ON: (Check approp. box) → <input type="checkbox"/> MEASURABLE BENEFITS SCALE <input checked="" type="checkbox"/> NONMEASURABLE BENEFITS SCALE	ESTIMATED FIRST YEAR SAVINGS \$ VALUE OF BENEFITS Substantial
				APPLICATION Limited
PERFORMANCE BONUS AWARD	16. TYPE OF RECOGNITION RECOMMENDED (check one)			
	<input checked="" type="checkbox"/> PERFORMANCE BONUS AWARD * <input type="checkbox"/> QUALITY STEP INCREASE * Certification: I certify, by my signature in the Recommendation & Approval section below, that the employee's position description and the performance standards for the positions were thoroughly reviewed prior to submission of this recommendation; that the employee's performance is outstanding; and that the performance is characteristic and is expected to continue in the future.			
	* Attach a copy of employee's latest performance rating of record. Also, attach a justification statement, if required.			
	17. DATE OF LAST PROMOTION	18. DATE OF LAST WITHIN GRADE INCREASE	19. AMOUNT RECOMMENDED FOR PERFORMANCE BONUS AWARD \$	

RECOMMENDATION AND APPROVAL

20. RECOMMENDING INDIVIDUAL (Signature) TITLE: Secretary OA	DATE 05/02/2003	21. REVIEWING OFFICIAL (Signature) TITLE: Research Leader	DATE 05/02/2003
22. APPROVING OFFICIAL (Signature & Title) Center Director			DATE 05/02/2003

PERSONNEL USE ONLY

23. AGENCY CODE/POI	24. DATE EFFECTIVE	QUALITY STEP INCREASE: →	25. TO: (Grade & Step)	26. NEW SALARY	27. RATE	28. PAY RATE DETERMINANT CODE
29. PERSONNEL OFFICIAL (Signature & Title)						DATE PROCESSED

I certify that the proposed action is in compliance with statutory and regulatory requirements

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FOR ALL SIGNIFICANT OUTSIDE AWARDS RECEIVED BY ARS EMPLOYEES

ARS Awards Newsletter Information Form

1) Area:

2) Date Submitted:

3) Person or group receiving recognition (*NOTE: Please spell out first and/or middle names unless initials are specifically preferred. If person is retired or no longer with ARS, so indicate. For groups, identify leader if appropriate*):

4) Position and/or job title:

5) Office or laboratory and/or research unit:

6) Location:

Phone:

7) Award, honor, or distinction (*NOTE: Complete separate form for each award to be mentioned*):

8) Organization making award:

9) Is award being shared with others? If so, co-recipient(s) to be mentioned (*NOTE: Include agency, company, or university affiliation for each co-recipient*):

10) Reason for recognition (*NOTE: Please be as specific and concise as possible*):

11) Date and/or location of presentation:

12) Other information:

Forward to:

Jan Suszkiw, Awards Writer

ARS Information Staff

5601 Sunnyside Ave., Bldg. 1, Mailstop 5129

Beltsville, MD 20705

Phone (301) 504-1630/ Fax (301) 504-1641/ Email: jsuszkiw@ars.usda.gov

Dated: Sept. 2000

Forward to AD Office through Center Director or RL